

Nottingham & Nottinghamshire Covid-19 Response Care Homes and Home Care Toolkit

The Toolkit provides an overview of key areas care home and homecare staff should be familiar with. It is intended to be used as an electronic quick reference guide suitable for use with **adults** in receipt of care provision.

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Last updated
04/02/2021 Always make sure you have the latest guidance by
visiting: <https://www.gov.uk/coronavirus>
<https://www.scie.org.uk/care-providers/coronavirus-covid-19>

Coronavirus Update Bulletin



**Nottinghamshire
County Council**



**Nottingham
City Council**



**Integrated
Care System**
Nottingham & Nottinghamshire

The information below contains current and up to date information from our strategic partners for you and your staff . For further detail please see the twice weekly ebulletin sent out to all providers in Nottingham and Nottinghamshire. If you are a provider and are not in receipt of the ebulletin please contact Claire.Poole@nottsc.gov.uk or Adele.Drohan@nottsc.gov.uk

Vaccination process for Nottinghamshire County Council commissioned domiciliary care providers : This week all home care providers will receive a letter via the e bulletin which will explain the process for Nottinghamshire County Council commissioned domiciliary care providers to access the vaccination programme .

Vaccination process for all care providers in Nottinghamshire County and Nottingham City: The following link will take individual members of the care provider workforce through the process for booking an appointment for a vaccination at the available locations around the county. [Online Appointment Healthcare Platform | Swiftqueue](#)
If the venue states that there are no available slots, please check back regularly as availability will be updated as new vaccine supplies become available. For information, your organisation does NOT need to be registered, they just need to book using the link and make sure that they take their ID with them.

Care Home Vaccination Follow Ups : If your eligible care home has not yet been visited for the Covid 19 Vaccine please email covidvaccineasc@dhsc.gov.uk

External Professionals Visiting Care Homes There have been a number of recent incidents where external professionals - even those who are part of a regular testing regimen are being resisted or refused entry to care homes. Please can care homes refer to the [Care home LFD testing of visitors guidance](#) for further advice In summary the guidance advises that External visiting professionals should not be refused access to the home or requested to undertake further LFD testing 'on the day' if they are already part of a regular testing regimen. The guidance does not indicate that individuals are required to prove they are part of a regimen or share their results.

Testing update for day care centres: Weekly routine staff PCR testing will be available for all day care centres that are run by paid day care staff and deemed critical to be open during lockdown by LAs. Services must be for adults over 18 and provided within non-residential care settings that support the health and wellbeing of adults. This includes settings such as:

Purpose-built day centres

Day centres attached to or part of a care home or supported living

Other buildings in communities specifically used for regular adult day care

Weekly PCR testing should be undertaken by all staff and volunteers working regularly in centres, as well as private transport staff who support service users to attend.

Day care centres should begin testing as soon as possible. For further information and direct any questions to james.wheat@nottsc.gov.uk For full testing guidance for day centres will also be sent to all providers via this week's ebulletin .

Covid vaccination webinar for frontline social care staff . ADASS will be running 3 x1 hr drop ins for the social care provider workforce on

Fridays 2-3 pm starting THIS Friday. Topics covered will include Are you worried or concerned about having your covid vaccination ? Are there questions you'd like answered ?

Have you heard or read things on social media that you just don't know if it is true or not ? Come and ask the experts. Staff do not have to register and can access the drop in sessions [via this link](#)

Updated Government Guidance



The below links will direct you to the latest government guidance updates

Testing

[Coronavirus \(COVID-19\): getting tested](#) – updates to include the attachment ‘Care home testing guidance for residents and staff: PCR and LFD (England)’ in the ‘Care homes’ section to remove references to tiers, update testing schedules and update the registration process for LFD barcodes

Supported living

[Supported living services during coronavirus \(COVID-19\)](#) - Updated to reflect that if you have had close contact with someone who has COVID-19, you must self-isolate for 10 days. For people in supported living arrangements, this 10-day period should increase to 14 days based on a risk assessment if the setting is considered high risk.

[Supported living services during coronavirus \(COVID-19\)](#) – updated to include new information document titled “ working with people in supported living this winter”

IPC

[Overview of adult social care guidance on coronavirus \(COVID-19\)](#) – updated to include the length of time that staff or residents who have been diagnosed with COVID-19 should not be included in testing – to 90 days after either their initial onset of symptoms or their positive test result (if they were asymptomatic when tested).

Support and Advice

[Coronavirus \(COVID-19\): support for care homes](#) – updated to include a new information document titled Your care home during winter’

[Coronavirus \(COVID-19\): providing home care](#) – updated to include ‘Coronavirus (COVID-19): provision of home care’ to add guidance on vaccinations and the NHS capacity tracker; and to amend the definition of ‘home care’.

The Covid 19 Vaccine

Coronavirus (COVID-19) vaccine

The coronavirus (COVID-19) vaccine is safe and effective. It gives you the best protection against coronavirus. Who can get the COVID-19 vaccine. The NHS is currently offering the COVID-19 vaccine to people most at risk from coronavirus. At this time, the vaccine is being offered in some hospitals to some people aged 80 and over who already have a hospital appointment in the next few weeks, people who work in care homes and health care workers at high risk.

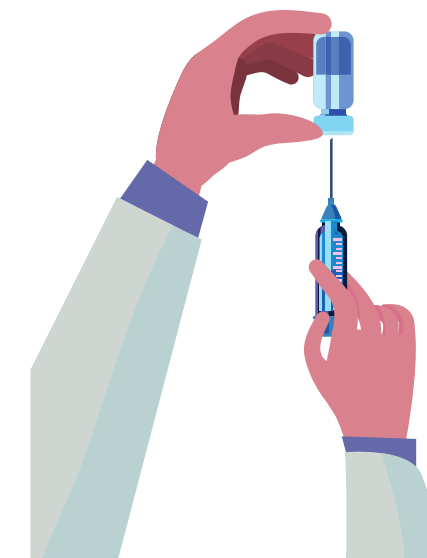
The vaccine will be offered more widely, and at other locations, as soon as possible. The order in which people will be offered the vaccine is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI).

[Read the latest JCVI advice on prioritie groups here](#)

The NHS will let you know when it's your turn to have the vaccine. It's important not to contact the NHS for a vaccination before then.

How safe is the COVID-19 vaccine?

The vaccine approved for use in the UK was developed by Pfizer/BioNTech. It has met strict standards of safety, quality and effectiveness set out by the independent Medicines and Healthcare products Regulatory Agency (MHRA). Any coronavirus vaccine that is approved must go through all the clinical trials and safety checks all other licensed medicines go through. The MHRA follows international standards of safety.



How effective is the COVID-19 vaccine?

After having both doses of the vaccine most people will be protected against coronavirus. It takes a few weeks after getting the 2nd dose for it to work. There is a small chance you might still get coronavirus even if you have the vaccine. This means it is important to continue to follow social distancing and PPE guidance

Can you catch COVID-19 from the vaccine?

You cannot catch COVID-19 from the vaccine but it is possible to have caught COVID-19 and not realise you have the symptoms until after your vaccination appointment. The most important symptoms of COVID-19 are recent onset of any of the following : a new continuous cough a high temperature a loss of, or change in, your normal sense of taste or smell If you have the symptoms above, stay at home and arrange to have a test.

Consent

Consent must be obtained from every person or a person's attorney of care prior to the vaccination being given .

Please see below vaccine consent forms for Care home staff and residents

[Covid Vaccination Consent form for Care Home Residents](#)

[COVID-19 vaccination: consent form and letter for social care staff](#)

[COVID-19 vaccination consent form for care home residents - attorney of a care home resident](#)

Managing admissions and discharges

Do not admit any person to your care home during an outbreak without contacting your local authority or CCG for practical support

Email the IPC teams: Nottinghamshire County - MACCG.IPC@nhs.net or Nottingham City ncp.ipct@nhs.net and they will call you back in office hours

NEVER PUT EXISTING RESIDENTS AT RISK THROUGH ADMISSIONS

If you cannot safely admit refer to the local authority for alternative accommodation for the isolation period

Understanding what to do with results

NEGATIVE PRIOR TO DISCHARGE OR ADMISSION

Isolate for 14 days to be sure in case becomes positive as only accurate on day of test

POSITIVE RESULT AND COMPLETED 14 DAYS

ISOLATION BEFORE ADMISSION

No further isolation required

POSITIVE RESULT (WITH OR WITHOUT SYMPTOMS) BUT NO ISOLATION BEFORE ADMISSION

Isolate for 14 days FROM THE DATE OF THE TEST (if 10 days have already been completed in hospital the remaining 4 must be in self isolation when discharged)

You may need to create dedicated zones for residents who explore, so that they don't feel trapped



ASK FOR HELP—
CONTACT PHE
OR HOMES WHICH
HAVE DONE THIS ARE
HERE TO HELP



Don't cohort residents in red and amber next to extremely vulnerable immunosuppressed residents

[Click here for Care Homes Strategy for Infection Prevention & Control of Covid-19 Based on Clear Delineation of Risk Zones](#)

Cohorting and Zoning

If you have several people who are symptomatic you may consider if you can rearrange which rooms people are in to contain the spread and keep people safe

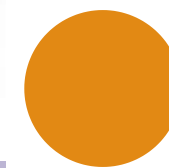
This can seem scary as it does disrupt the usual flow of the home and people may have to be moved out of their usual rooms. RISK ASSESS—if you cannot manage it in individual rooms this is the best way to keep people safe. You can do it!

Always wear
a surgical
mask

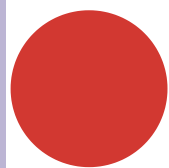
Aim to create distinct areas



RESIDENTS WHO ARE NOT SYMPTOMATIC AND HAVE HAD A NEGATIVE TEST



RESIDENTS WHO ARE SYMPTOMATIC EVEN IF THEY HAVE HAD A NEGATIVE TEST



RESIDENTS WHO HAVE A POSITIVE RESULT. YOU MAY NEED TO CREATE A 'WARD' OR USE ROOMS FOR MULTI OCCUPANCY

Further guidance

Update from Adass on cohorting , zoning and isolation practice - access it [here](#)

<https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements>

<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>

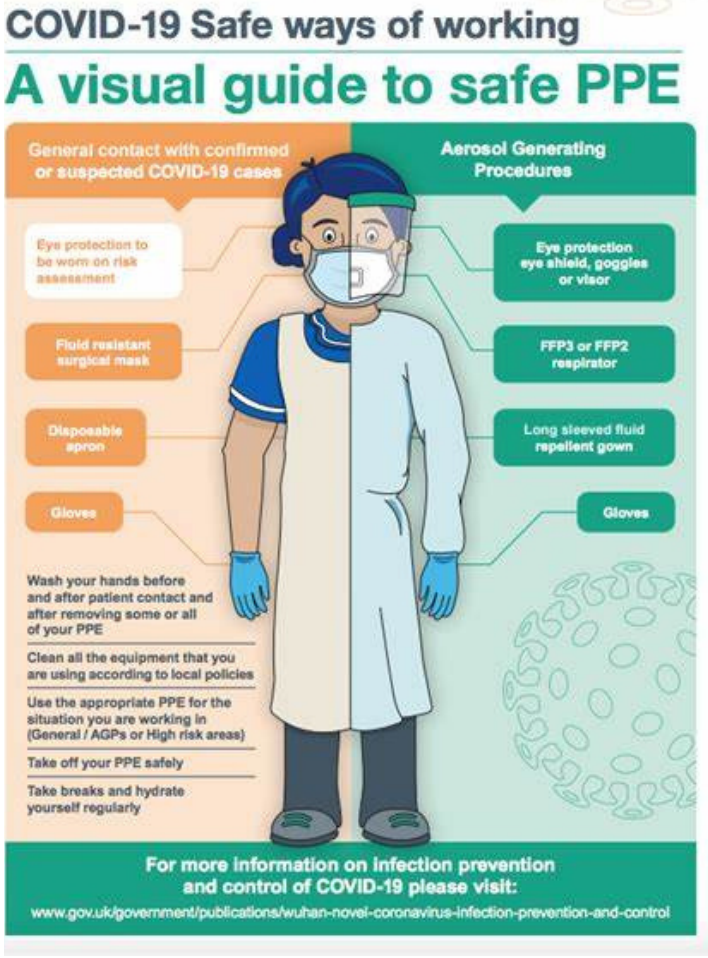
<https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>

Correct use of Personal Protective Equipment [PPE] **

Direct care provision – ALL settings	For Aerosol Generating Procedure care delivery all individuals e.g deep suctioning, high flow oxygen, cough assist, CPAP/BiPAP, ventilation	Working in care setting/environment (others)
Disposable gloves (single use) Disposable plastic apron (single use) Fluid resistant (type IIR) surgical mask (Risk assess single or sessional use) Eye Protection (risk assess)	Disposable gloves (single use) Disposable fluid repellent coverall/gown (single use) FIT tested Filtering Face Piece respirator (FFP3) Mask Face Protection	Surgical mask (sessional use) Please refer to guidance links below

Gloves must be nitrile neoprene or latex1

Click here for any issues regarding poor quality PPE delivery



**** Always check the latest guidance at GOV.UK for the latest PPE guidance;**
<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>
<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>

Putting PPE on & taking it off – Safe Practice



Emergency access to PPE supplies;
To order emergency personal protective equipment providers can access the national portal to top up their existing supplies for COVID-19 in an emergency - guidance can be accessed [here](#). Call the customer service team on **0800 876 6802** if you have any questions about using the PPE portal. The team is available from 7am to 7pm, 7 days a week, to help resolve your queries.
Alternatively, If you cannot get the PPE you need through wholesaler routes or the PPE portal Nottinghamshire County Council will be using a new system for handing requests for PPE. This web based system will enable you to request PPE, access your previous orders and view Public Health guidance. Please contact ppe@nottscc.gov.uk if you would like more information about this offer.

The correct use of appropriate PPE is essential even if you do not have any Covid-19 positive cases at your service. We remain in a period of sustained transmission - all preventative measures are vital to control risk & spread of the virus.



PPE is only effective when combined with good hand hygiene, good respiratory hygiene and effective infection control practice. Only approved PPE should be worn. PPE is different to 'Face Coverings' - homemade fabric masks are not approved for use at work as they are not fluid repellent.

- The risk of infection transmission increases when used PPE is handled (especially face masks).
- There is a safe way of applying and removing PPE.
- Please see videos at: [here](#) & https://youtu.be/-GncQ_ed-9w https://youtu.be/kKz_vNGsNhc

Please note that this guidance is of a general nature, employers should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974 and should **ALWAYS** check the latest guidance at **GOV.uk** which is changing very frequently.

Infection Prevention and Control

There is an increased risk of COVID outbreaks when staff work across multiple sites - please access the governments new winter plan for information regarding plans to manage this - [Access Here](#)

- Do not admit a person to your care home during an outbreak without seeking IPC advice
- To report an out break contact Public Health England on **0344 2254524**. You can contact your LA/CCG for practical support about what to do next/how to manage, support with risk assessment etc. Email the IPC teams: Nottinghamshire County - MACCG.IPC@nhs.net or Nottingham City nep.ipct@nhs.net and they will call you back in office hours.

Getting to work

- Do not come into work if you have symptoms. If you are symptomatic or have had a positive test result you must now self isolate for 10 days. See the [guidance here](#)
- If using a car to get to work – use antibacterial spray/wipes for high risk areas before and after travel
- Come to work in clean clothes with a clean uniform to change into and a separate outer coat/clothes and work shoes OR Come to work in a clean uniform and bring a clean change of clothes for the end of shift in a clean disposable bag. Bring disposable bag to store uniform at the end of the shift
- Avoid car sharing if at all possible, if you must share a car to get to work ensure masks are worn and windows are open to improve ventilation . Sanitisation of hands and all surfaces must be completed frequently
- Use hand sanitiser 70% alcohol when you leave your vehicle

On arrival at your base

- Check your temperature, only commence work if your temperature is OK
- Wash your hands for at least 20 seconds using soap and water, use
- disposable towels to dry your hands well.
- Social distancing must be maintained during break times and on getting to and from work.

At the end of your shift

- Appropriate use of PPE may protect clothes from contamination, but staff should change out of work clothes before travelling home. Work clothes should be washed separately, in accordance with the manufacturer's instructions.
- Remove uniform and place in disposable bag to take home or use the care home laundry service
- Wash hands before leaving
- If you are unable to change before leaving your place of work ensure your uniform is covered by an outer coat

On arrival home

- If you used your own car before entering home disinfect the vehicle thoroughly e.g. seat belts and all fixtures inside and outside the car that have been touched
- Place all clothes or uniform straight into the washing machine and wash at the highest temperature for the material
- Wash hands then shower/bath

Hand washing is key!

Wash your hands **before, during and after** all contact with individuals for a minimum of 20 seconds using soap and water. You must wash you hands:

- Before leaving home
- On arrival at work
- When removing PPE in between caring for each residents
- When changing PPE for different personal care tasks with the same resident
- After using the toilet
- After breaks and activities
- Before food preparation
- Before eating any food, including snacks
- Before leaving work
- On arrival at home
- Hand sanitiser is effective when it contains 70% alcohol or where it states virucidal effective

Hand washing technique guidance is accessible [here](#)

<https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>

Hand-washing technique with soap and water



General infection prevention and control principles

- Avoid touching your face
- All waste should be disposed of into the waste bin in the residents room as all waste produced in the room is classed as infectious.
- **Orange** infectious waste bags should be used ideally. If not available **yellow** clinical waste bags or **black** household waste bags (in a home care setting) can be used but should be set aside for 72 hours, alternatively full waste bags should be double bagged and put into an external bin that is kept locked at all times.
- Laundry – use usual detergents, wash infected [suspected or confirmed] items separately from others laundry using a soluble linen bag see guidance [here](#)
- Increase general cleaning. It is estimated that viable virus could be present for up to 5 days but less so on soft furnishings. Ensuring that areas are kept as clutter free as possible will aid effective surface cleansing. Items such as magazines should be single person use only.
- Clean and disinfect regularly touched objects and surfaces using your regular cleaning products to reduce the risk of passing the infection on to other people.*

*Method: 1. detergent and water followed by a bleach based product diluted to a strength of 1000ppm, ensuring the correct contact times are adhered to 2. a combined detergent and sodium hypochlorite product diluted to a strength of 1000ppm, ensuring the correct contact times are adhered to.

Visitors to care home settings

Receiving visitors is an important part of care home life. Maintaining some opportunities for visiting to take place is critical for supporting the health and wellbeing of residents and their relationships with friends and family. This guidance applies for the period of the national restrictions beginning 5 November 2020.

Care home providers, families and local professionals should work together to find the right balance between the benefits of visiting on wellbeing and quality of life, and the risk of transmission of COVID-19 to social care staff and vulnerable residents as we enter national restrictions.

Each care home is unique in its physical layout, surrounding environment and facilities.

Residents vary in their needs, health and current wellbeing. Providers are best placed to decide how to deliver visits in their own setting in a way that meets the needs of their residents individually and collectively. The individual resident, their views, their needs and wellbeing are an important focus of decisions around visiting.

These decisions should be reached through working with the resident, their family and friends and the provider and other relevant professionals such as social workers or clinicians where appropriate.

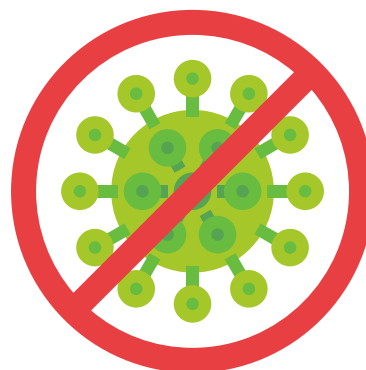
All decisions should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable. Providers must also have regard to the DHSC ethical framework for adult social care.

Who can I contact if I have questions?

If you have queries related to infection prevention control procedures for visitors then please contact your local IPC team.

Email the IPC teams: Nottinghamshire County - MACCG.IPC@nhs.net or [Nottingham City ncp.ipct@nhs.net](mailto:ncp.ipct@nhs.net) and they will call you back in office hours or PHE out of hours tel [03442254524](tel:03442254524)

Queries related to the advice of the Director's of Public Health can be addressed to Nottinghamshire County Council (Coronavirusph@nottscg.gov.uk or [Nottingham City Council coronavirusqueries@nottinghamcity.gov.uk](mailto:coronavirusqueries@nottinghamcity.gov.uk)).



Establishing a Visiting Policy

Advice for providers when establishing their visiting policy

Providers should look to facilitate visiting as described in this guidance wherever it is possible to do so in a risk-managed way and in line with the principles set out below.

Providers are best placed to design individual visiting arrangements that take into account the needs

of their residents and what is possible within the layout and facilities within the home.

Providers should work collaboratively with residents, families and local social care and health professionals to strike a good balance between the benefits of visiting for residents' health and wellbeing and quality of life; and the infection risks that arise from increased interactions of visitors, residents and staff in the facilitation of visiting.

Providers should also ensure a comprehensive risk assessment for visiting the care home is completed. Please click [here](#) for latest guidance on completing a visiting risk assessment.

Some residents will have particular needs (for example, those who are unable to leave their rooms or those living with advanced dementia) which will make COVID-secure visits challenging. Where a resident needs individualised visiting arrangements providers should work with the resident, their family/friends and any volunteers to develop a tailored visiting policy in the principles outlined above.

. When developing visiting policies, care homes should consider how they will support remote contact (for example, wifi access for all residents).

In making these decisions, the care provider should actively involve the resident, their relatives or friends, any advocates, commissioners and appropriate members of the multi-disciplinary team and, where appropriate, volunteers.



During the Visit

As set out above, decisions on visiting policies require a risk assessment. Some of the arrangements that providers make may well include visitors using the grounds and layout of the care home in a different way to usual (for example, entering the garden or grounds through a different entrance or sitting/standing in outdoor spaces not usually used in that way). Providers should therefore include a consideration of these factors - both in terms of the practical safety of visitors and residents (which may be exacerbated by inclement weather or icy conditions), and infection risks arising - in their overall risk assessment.

Points to remember:

Visitor numbers should be limited to a single constant visitor wherever possible, with an absolute maximum of 2 constant visitors per resident. for example, means the same family member visiting each time to limit the number of different individuals coming into contact.

Appropriate PPE must be used throughout the visit, and around the care home building and grounds

Social distancing (between visitors and residents, staff, and visitors from other households) must be maintained at all times

High quality infection prevention and control practice must be maintained throughout the visit

The home should have an arrangement to enable booking/appointments for visitors - ad hoc visits should not be enabled

Visiting spaces must be used by only one resident and visiting party at a time, and between visits there must be appropriate cleaning and an appropriate time interval

Visits should happen in the open air wherever possible

The visitor and resident must remain at least 2 metres apart at all times

The visit can take place at a window

Some providers have used temporary outdoor structures - sometimes referred to as 'visiting pods' - which are enclosed to some degree but are still outside the main building of the home. These can be used.

Where this is not possible, a dedicated room such as a conservatory (i.e. wherever possible, a room that can be entered directly from outside) can be used

in both of these cases, providers must ensure that the visiting space is used by only one resident and visiting party at a time, and is subject to regular enhanced cleaning between each visit

The visitor should enter the visiting space from outside wherever possible

Where there is a single access point to the space, the resident and visitor enter the space at different times to ensure that safe distancing and seating arrangements can be maintained effectively

There is a substantial (e.g floor to ceiling) screen between the resident and visitor - designed to reduce the risk of viral transmission

there must be good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)

Consider the use of speakers, or assisted hearing devices (both personal and environmental) where these will aid communication. This will also avoid the need to raise voices and therefore transmission risk heading



Advice for End of Life Visits

Facilities should be provided for hand-washing.

Areas used by visitors will need to be decontaminated several times throughout the day and must be free of clutter to aid cleaning.

Visitors should be supported to wear a face covering and shown how to decontaminate hands prior to applying and removing the face covering. If providing care then PPE should be worn to the same level as a care worker would wear. It is recommended that bookings or appointments for visitors are put in place rather than having an 'open house' informal visiting system.

Visitors should have no contact with other residents and minimal contact with care home staff (less than 15 minutes / 2 metres).

All visitors should be screened for symptoms of acute respiratory infection before entering. Specific screening questions are detailed in the full guidance.

Visitors should be encouraged to walk to the home or use their own transport.

Visitors should be encouraged to keep physical interaction with the resident to a minimum.



Covid-19 Testing/swabbing Nottingham and Nottinghamshire

How will testing/swabbing work in Nottingham and Nottinghamshire?

The planned local approach to the coordination of care home testing is set out below;

- The Local Resilience Forum (LRF) Testing Cell, in collaboration with the Care Home Cell, has developed a supportive approach for Care Homes
- This ensures we can facilitate local co-ordination support throughout the whole testing process, whilst flexing to accommodate the national policy guidance

The approach is underpinned by the need bring clarity for care homes on;

- routes to testing - support for testing - follow up support

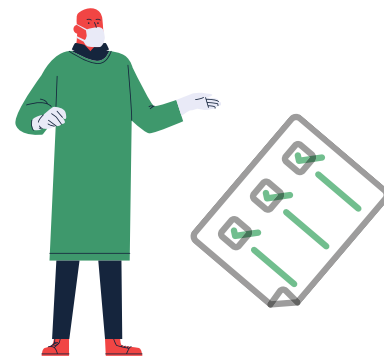
For all enquiries or support, please contact;

Nottingham and Nottinghamshire Testing Coordination Centre:

Coordination Centre open 8am to 6pm on

0115 883 111

Email - nnccg.Covid19-testingcell@nhs.net



What to do if you have a suspected positive COVID-19 resident

If you are a Care Home Manager and you have a symptomatic resident please follow the process below:

- Call **0115 883 111** – Testing Coordination Centre
- Confirm your staff and resident numbers
- The Testing Coordination Centre will access the digital portal and book swabs for your home
- You will be offered infection prevention and control support immediately
- Including support from the Care Home Swabbing team.
- When your swabs are completed, your swabs will be sent to the local laboratory for testing
- The Care Home Manager will receive the test outcomes directly within 72 hours, and must communicate these to the Testing Coordination Centre
- If the test results include a positive, you must inform the GP and PHE, the Infection Prevention & Control teams, alongside the Enhanced Care Home Support teams, will mobilise immediately to provide you with an increased support offer

Antibody Testing

Antibody testing is available to all social care staff for a period of 10 weeks starting on Monday 10th August. Clinics will be running across the county at various time during this period. If you would like to check local availability and book a test please call 0115 883 111 between 9am and 5pm Monday to Friday. Please remember a positive antibody test does not convey immunity and all safe practices must continue.

Regular retesting for care home staff and residents

Care home staff can be tested every week and residents monthly to identify anyone with the virus and reduce transmission. Repeat testing will be initially prioritised for care homes primarily looking after over 65s or those with dementia before being rolled out to all adult care homes.

The government's Vivaldi 1 care home study highlights the importance of regular staff testing while there is a higher prevalence in care homes. An information fact sheet can be accessed [here](#).

Care homes should register for retesting [here](#) <https://www.gov.uk/apply-coronavirus-test-carehome>, as soon as possible. Note even if you previously registered for whole home testing when it was first made available, you will need to re-register on the portal in order to receive regular retesting.

How to carry out testing on staff and residents can be found here - [Staff](#) & [Residents](#).

For more information on whole home testing [click here](#).

There is a retest exemption period of 90 days for a person who has a previous positive covid test result [click here](#) for more information

Voids/Rejected swabs

- It is expected that all care homes will have additional swabs to their needs.
- Surplus swabs can be used to re-swab residents where a void swab has been issued.
- It is essential that a courier is booked to collect the swabs prior to taking the swab.
- Courier details will be supplied to you on initial collection- please contact the same courier to collect voids.

Staffing support offer -How to access a Relief Workforce

The email address you will use is sfh-tr.temporary.staffingoffice@nhs.net to request emergency staffing a minimum of 24 hours before shift cover is required. You will need to provide the following details:

Name of care home, Date of shift, Day or Night Shift (SFH will supply 12 hour shifts only),

Type of staff (carer or trained nurse), Proof of indemnity cover e.g. a scan of level of insurance cover and dates, Name of the manager and confirmation they will pay the invoice within 30 days

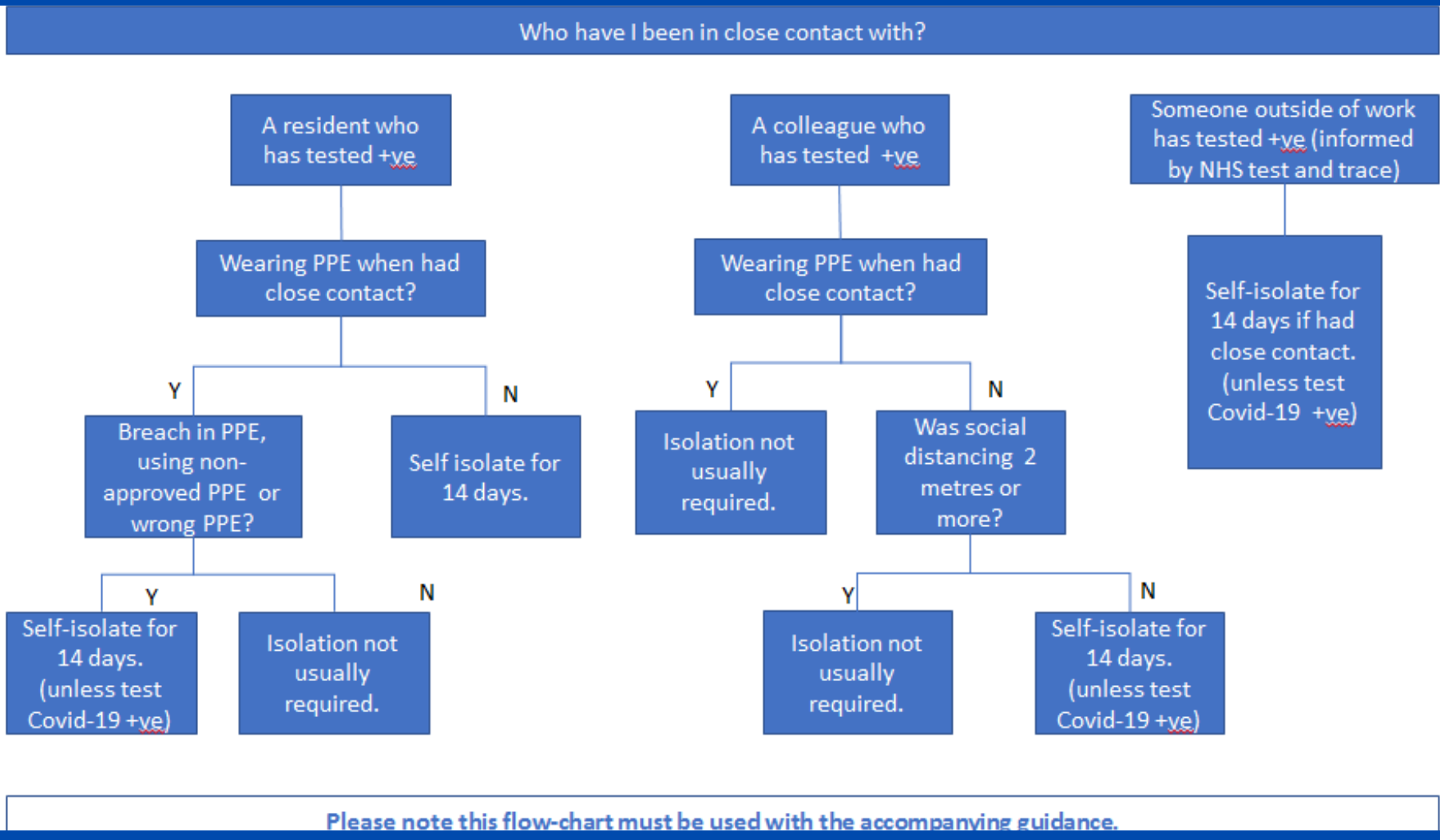
If a health or social care worker is considered to be a contact, and the recommendation for them to self-isolate would have implications for the provision of the service, their employer will need to escalate this for a risk- assessment to a Tier 1 contact tracer at the local Health Protection Team (HPT). [link here](#)

Test and Trace

The NHS test and trace service helps trace close recent contacts of anyone who tests positive for Covid-19 and if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.



The PHE Health Protection team can be contacted on 0344 225 4524.



Care home and homecare workers should follow the same advice as the general public apart from the exceptions noted on the right. Anyone who has had close contact with someone who tests positive for Covid-19 will be expected to isolate themselves for 14 days, or for 10 days from developing symptoms of Covid-19. **See guidance [here](#)**

- ‘Close contact’ occurs in a number of circumstances including:
- When you have skin-to-skin physical contact with someone with confirmed covid-19
 - When you have face-to-face contact within one metre of someone with confirmed covid-19 e.g. face to face conversation
 - When you are within one metre of someone with confirmed covid-19 for one minute or longer without face-to-face contact
 - When you spend more than 15 minutes within two metres of someone with confirmed covid-19
 - When you have cleaned a personal or communal area of the home of someone with confirmed covid-19, the first time the cleaning occurs

There are two exceptions to this guidance that apply to health and social care staff.

NHS test and trace work to identify the close contacts of a person who tests positive; where positive results involve those working in a health or social care setting, the NHS test and trace service may refer the case to Public Health England (PHE) who then provide guidance to the health or social care setting.

1. What if I have had close contact with a resident /service user who has tested positive for COVID-19?

- I was wearing PPE:
If a staff member has been caring for a Covid-19 positive resident/service user and appropriate PPE has been worn, this contact will need to be risk assessed by the manager with advice from PHE. This is unlikely to be considered a ‘close contact’ and the staff member can return to work.
- I was not wearing PPE or had a PPE breach:
If a staff member has been caring for a Covid-19 resident/service user and they were not wearing PPE or there was a breach in PPE this contact will need to be assessed by the manager with advice from PHE. It is likely that this would be considered a ‘close contact’ and self- isolation guidance would apply.

2. What if I have had close contact with a colleague at work who has tested positive for COVID-19?

If a staff member has had close contact at work with a co-member who has been confirmed Covid-19 positive, this contact will need to be risk assessed by the manager with guidance from PHE.

- I was wearing PPE whilst the contact was made and/or we have been maintaining social distancing (including on breaks): it is unlikely to be considered a ‘close contact’ and the staff member can return to work.
- I was not wearing PPE whilst the contact was made and social distancing was not followed: if contact was close or made for over 15 minutes when masks were removed and social distancing was not applied, then it is likely that this would be considered a ‘close contact’ and self-isolation guidance would apply.

Test and Trace Continued

What happens if, once risk assessed, I need to self-isolate as a contact?

It is important that anyone identified as a close contact self-isolates.

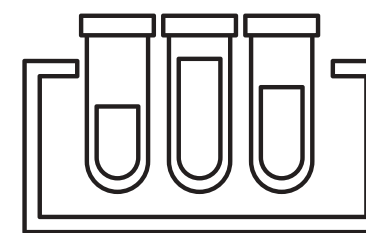
Asymptomatic contacts may be offered a test for Covid-19 if there is a clinical need to do so. Clinical need would be agreed in partnership with PHE and the manager.

- If the test is negative the 14-day self-isolation period must still be completed. This is because you may have the virus, but it cannot be detected by a test yet.
- If the test is positive then the staff member must self-isolate and may return to work after TEN days, providing they are well and have not had a fever for 48 hours. If asymptomatic when tested but symptoms later appear (within the 10 days) the 10 day isolation will need to start over from day 1 of symptoms.
- Staff and residents who have previously tested positive for COVID-19 should be exempt from re-testing within a period of 6 weeks unless they develop new symptoms, in which case they will need retesting. Those who are tested after 6 weeks from their initial test or illness onset and are still found to be positive, this could be due to a persistently positive test associated with the original infection, rather than a new infection as the virus can remain for some time following infection. If they have developed new possible after 6 weeks, they would need to isolate again.

Published guidance

- [Management of exposed healthcare workers and patients in hospital settings](#)
- [Guidance for contacts of people with possible or confirmed Covid-19 infection who do not live with the person](#)
- [Test and trace: how it works](#)

Social distancing must be maintained during break times and on getting to and from work.



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Nottingham & Nottinghamshire

Lateral Flow Device (LFDs)

Lateral flow devices have been approved by the Department of Health and Social Care for self testing. This means that care home staff can now test themselves and register their twice weekly LFD tests from home before they come to the care home to start work. This only applies to care home settings currently. There is provision for care staff to order up to 25 LFDs to use at home and these can be ordered via the [online replenishment portal](#). There is also self testing guidance available [here](#). It is a legal requirement that All LFD tests both positive and negative must be registered. [Click here to register LFD results](#)

Tests should be collected between 10 am and 4pm, if your test is not collected contact COVIDCareHomeTesting@dhse.gov.uk or call 0300 303 713

What does a breach in PPE mean?

This may be non-approved PPE such as fabric masks, PPE that was damaged during use, or where there was a breach in PPE while providing personal care. Examples that are unlikely to be considered breaches include if a health or social care worker was not wearing gloves for a short period of time or their gloves

tore, and they washed their hands immediately, or if their apron tore while caring for a resident/service user and this was replaced promptly.

Risk assessment for assessing a PPE breach is outlined within government guidance available in section 6 [here](#).

Staffing Concerns following Test and Trace;

How to access the Relief Workforce – Process updated

The email address you will use is sfh-tr.temporary.staffingoffice@nhs.net to request emergency staffing a minimum of 24 hours before shift cover is required.

You will need to provide the following details:

Name of care home

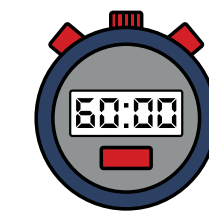
Date of shift

Day or night shift (SFH will supply 12 hour shifts only)

Type of staff (carer or trained nurse)

Proof of indemnity cover e.g. a scan of level of insurance cover and dates

Name of the manager and confirmation they will pay the invoice within 30 days



Recognising and Responding to Deterioration

RESTORE2™ and RESTORE2Mini™ are the accredited tools of choice to identify deterioration in those that require additional care in care homes or from home care providers across the Nottingham ICS. Free training for providers to use and adopt this tool is available via the training hub.

RESTORE2 can help you and your staff to spot deterioration of both non-COVID and COVID-19 related illness ([Admission and Care of Residents in a Care Home during COVID-19, Version 2, Updated 2 September 2020](#)) and act to decrease avoidable hospital admissions.

RESTORE2 uses three tools (Soft Signs, NEWS2 and SBARD) which when used in unison create a robust process for early identification of the signs of deterioration and appropriate and timely escalating (if required).

Assess twice daily for a high temperature (37.8°C or above), a cough and softer signs i.e. being short of breath, being not as alert, having a new onset of confusion, being off food, having reduced fluid intake, diarrhoea or vomiting.

A NEWS2 score will indicate an appropriate level and frequency of monitoring required as documented in RESTORE2 booklets. If care staff feel that the person needs more frequent monitoring this is welcomed, however the frequency of monitoring should never be less than recommended within RESTORE2 guidelines.

All Care Homes

Assess twice daily for a high temperature (37.8°C or above), a cough and softer signs i.e. being short of breath, being not as alert, having a new onset of confusion, being off food, having reduced fluid intake, diarrhoea or vomiting. [Admission and Care of Residents in a Care Home during COVID19](#)

Where possible, care home staff should be trained to measure other vital signs including blood pressure, heart rate, pulse oximetry, respiratory rate level of consciousness and new confusion to monitor for deterioration of ANY cause. These observations make up a NEWS2 score used in the RESTORE2 tool. Training videos can be found [here](#)

A NEWS2 score will indicate an appropriate level and frequency of monitoring required as documented in RESTORE2 booklets. If care staff feel that the person needs more frequent monitoring this is welcomed, however the frequency of monitoring should never be less than recommended within RESTORE2 guidelines. Note that symptoms can be vague, it could be a general deterioration – a new fall, a headache etc. All should be treated as possible COVID and the resident isolated for 14 days and a request for testing made.

As symptoms can often present atypically or vague any other signs of concern for additional support contact

**Call for Care - 01623 681691 or Citycare Mon-Fri 8am-6pm - 0115 8834863.
Weekend & Bank Holiday 8am-6pm 0782782346.**

**Evening and night service 0115 8838151 or 0115 8838152- for support/advice
or contact NHS 111 9 * 6**

**For all potential corona virus infections
seek medical advice early as symptoms can
often present atypically or vague.**



Home Care

- Where possible care staff should be trained to measure temperature, blood pressure, heart rate, pulse oximetry, respiratory rate level of consciousness and new confusion to monitor for deterioration of ANY cause.

Appropriate Escalation!

- Assess the appropriateness of admission to hospital
- Ensure the respect document is up to date and complete
- Ensure GP/Ambulance Crew hospital or call handler is aware of the status when escalating - confirmed or suspected.
- **Always refer to the individuals' advance care plan/Respect form to consider the right course of action in an emergency.**

RESTORE 2 can help you to spot deterioration from Covid-19 related illness or recognise non-Covid-19 related deterioration and act to get your individual the most appropriate care and support. RESTORE2 uses three tools (Soft Signs, NEWS2 and SBARD) which when used together can help you to get the help and support you need more quickly. The CCG, Patient Safety Collaborative - Academic Health Science Network and Notts Alliance Training Hub have joined together to work with you and your teams to help you to use this with your residents. If you would like to know more and access the fantastic resources, please contact empscdet@nottingham.ac.uk or michele.tuttle1@nhs.net

Medications and Symptom Management

Symptom Management

Controlling symptoms of Covid-19 in Community Settings & NICE Clinical Guidance NG163 offer guidance about how to manage Covid-19 treatments and care planning.

<https://www.nice.org.uk/guidance/ng163>

<https://www.nottsapc.nhs.uk/covid-19/>

Nottinghamshire Area Prescribing Committee

- Nottinghamshire Area Prescribing Committee (NAPC) host a collaborative strategy for ensuring consistent high quality and cost effective use of medicines across Nottinghamshire.
- The NAPC website is the 'go to' place for medication guidance and support <https://www.nottsapc.nhs.uk/covid-19/> and is updated frequently with new and updated guidance in a variety of settings including care homes.
- Please refer to our most recent prescribing guideline for End of Life care for Covid patients.



Access to **free** medicines management training for care providers

Excellent free training resources have been bought from PrescQIPP, a NICE and skills for care accredited provider of medicines management training. There are separate packages, one for care homes and one for home care providers. The links below explain how to access the training:

For home care providers;

https://www.prescqipp.info/media/4743/prescqipp_managing_medicines_for_adults_receiving_social_care_in_the_community_e_learning_course_overview.pdf

For care homes;

Visit the prescQIPP e-learning platform - <https://moodle.prescqipp.info/login/index.php>

For more information or you are experiencing issues registering please contact Tania Cook taniacook@nhs.net

Medications management resources

Care about Medicines newsletter

- Bi monthly newsletter is produced jointly with local authority colleagues and contains a range of information for both care homes and home care providers. If you don't currently receive this but would like to be added to our mailing list please email lisa.ryley@nhs.net

Guidance on Medicines in Social Care Settings

- The document "Guidance for the management of medicines in social care establishments" is now a combined document for both City and County care homes. It is also relevant to any social care setting where medicines are managed e.g. day services.
- The guidance has been updated to include changes to legislation and continues to share best practice in relation to managing medicines safely. It also offers a host of templates which can be adopted or used to improve current in-house templates.
- Please contact lisa.ryley@nhs.net for a copy.
- Please note: The guidance for home care providers is currently being updated and will be available shortly.

British Geriatric Society, Best practice Guidance – Care Homes and Covid-19

- The British Geriatric Society published best practice guidance for managing the Covid-19 pandemic in care homes
- The guidance makes 22 key recommendations including palliative and supportive considerations
- It can be accessed [here](#) and at <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>

Medication re-use scheme

- In response to Covid-19 the government has recently launched a medicines re-use scheme.
- Some types of medication can be re-used for others with the same prescription even though it was not originally dispensed for that individual.
- The CCG has produced a local guidance document that homes may wish to use to implement this scheme. For a copy please email Tania Cook taniacook@nhs.net

Medicines Optimisation Support

- The CCG has a number of pharmacists and technicians who can support both care home and home care providers with a range of areas including medication reviews and ordering processes.

Please email taniacook@nhs.net or cosborn@nhs.net

Questions/Queries?

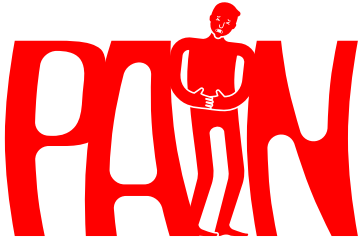
If you have ANY Medication Management queries, please contact our Nottingham and Nottinghamshire Medication Management teams via email at MACCG.NottsAPC@nhs.net (office hours only).

End of Life care and management

<https://nottinghamshire.eolcare.uk/> - Notts EOL Website



Sign up for NHS Mail so Microsoft Teams can be used for video consultations.
Contact Kaleidoscope consultants for support -
dspt@notts-care-ig.net
or
<https://notts-care-ig.net>



Virtual Assessment

You can use technology to get advice from the GP and hold multidisciplinary meetings to support end of life care. You can use your personal devices if necessary. If possible have the video consultation in the individual's room or somewhere private. This approach can also be use after death for verification

Symptom Management

Some individuals experience severe symptoms and a rapid decline. Early management of symptoms can alleviate any suffering and it is important to deliver effective medications in effective doses from the outset.
<https://www.nice.org.uk/guidance/ng163>

Use ReSPECT and Advance Care Plans as they describe what matters to the resident; family, friends, the environment and demonstrate that you understand what is important to them. You can also monitor that they are pain free and peaceful, whilst supporting their loved ones

- The ReSPECT document supports people to get the right level of care and support at the end of their lives.
- It is one of the ways they or their loved ones can be in control at the end.
 - Please ensure, where appropriate, all individuals are offered the opportunity to have an advance care plan in place.
 - If the individual does not have an advance care plan you can discuss this with your nurses or GP.
 - ANYONE (qualified and unqualified staff] can start a ReSPECT form but it will need to be signed by a GP or Senior Nurse.
 - ReSPECT forms can be signed at weekly MDT meetings.

<https://www.resus.org.uk/respect/learning/>
<https://learning.respectprocess.org.uk/#landing>

ALL individuals should be offered an advance care conversation with relatives if necessary or desired To record their priorities and escalation plans. Including what action to take when they die and whether to call 999 or not.

Respect Version 3
Launched November
1st 2020

Just Breathe!

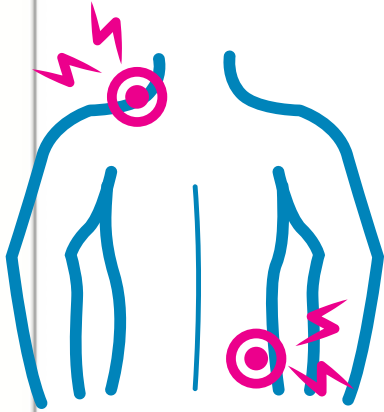
Change the pace - your time is the greatest gift you can give

One Chance to get it Right

Six ambitions to bring that vision about

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."



National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

Gold Standards Framework



- It is good practice to ensure all residents are proactively assigned an accurate RAG status.
- In the context of Covid-19 transition from amber to red and death may be a few days -hours only.
- ALL amber & red should be known to a health care professional for registration on EPaCCS - Electronic Palliative Care Coordination Systems to enable coordinated care and support.

<https://www.goldstandardsframework.org.uk/gsf-signposting-and-guidance-on-the-coronavirus-epidemic>

The Mental Capacity Act and Covid-19

The Mental Capacity Act (MCA) provides protection and upholds the rights of people who lack, or may lack, capacity to make decisions about different aspects of their life. It is important to remember that the principles of the MCA and the Deprivation of Liberty Safeguards (DoLS) have not been changed as a result of the pandemic. You may be faced by unfamiliar situations and decisions, for example, assessing a person's capacity to be tested for Covid-19 or where public health restrictions interface with the MCA. The Government has issued updated guidance on the Mental Capacity Act and Covid-19 - <https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity>. This guidance is to help address these issues and support you in ensuring the rights of the people you, in turn, support.

Death Verification

Care staff do this informally already, they absolutely know when their loved one's have passed away, if the death was expected, they shouldn't have to wait for others to tell them what they already know.



Confirmation or Verification of Death

- Confirmation or **verification of death** is defined as deciding whether a person is actually deceased.
- Verification of death can be undertaken by staff who are competent and confident to carry out this task.
- Your organisation/service should have a policy/procedure which will support you to undertake this practice. You should be familiar with this.

In Nottingham and Nottinghamshire local guidance – 'Death administration in the community' is available, staff should be familiar with this as it supports Verification of expected death practice. It also includes a pre authorisation template which will support staff and partners in decision making when verification of death is needed

If you do not have a competent/trained person available to verify death contact:

- Call for care – **01623 681691** or
- Nottingham Citycare **0115 8834863** (Monday – Friday 8am-6pm) **0115 8838151** or **0115 8838152** (Evening and night service) **0782782346** weekends and Bank Holiday 8am-6pm

Death certification

All doctors in primary care AND hospitals NUH, NHCT, SFHFT can carry out death certification. Where an individual has been discharged from hospital and dies quickly before any contact with GP, the hospital discharging doctor should be asked to complete the death certificate. Doctors can do the death certification if they have seen the Individual within 28 days (this can be by video which you are asked to help facilitate) or after death.

Grief & Bereavement Support

- A grief line has been set up to support staff and families in dealing with emotional distress related to loss of loved ones.
- The grief line will listen and offer practical support where needed as well as signposting to existing grief support.

You can call **0800 111 445**

8am til 5pm Monday - Friday.

If you require urgent grief support, you will be provided with an number to contact outside of these hours.



Death Registration

The person registering a death (known as the informant) can be:

- a close relative of the deceased, named the executor of the Will.
- a relative who witnessed the loved one's death, last illness or who lives near their residence
- the owner of the premises where the death occurred
- the relative arranging the funeral with the funeral director or someone else who was present at the death

During the Covid-19 pandemic doctors are emailing death certificates directly to the Registrars (so no need for relatives to pick up from surgery)

Care of the deceased - after care

When a person dies of suspected coronavirus (Covid-19) in a residential care setting be aware that there is likely to be continuing risk of infection from body fluids. Whilst undertaking last offices, it is recommended that the usual PPE and standards of Infection prevention control precautions are maintained. You should follow the usual processes for dealing with a death in your setting. Since there is a small but real risk of transmission from the body of the deceased, mourners should be advised not take part in any rituals or practices that bring them into close contact with the body of an individual who has died from, or with symptoms of Covid-19. Given the very significant risk for vulnerable and extremely vulnerable people who come into contact with the virus, it is strongly advised that they have no contact with the body. Cremation is permitted where the deceased does not have a medical device that requires removal e.g. pacemaker/ICD.

Informing the CQC

The CQC are now recording all deaths where Covid-19 was possible or confirmed Please inform the CQC using your usual notification form even if the person dies in hospital

Published Guidance

<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>

<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased>
<https://www.hse.gov.uk/pubns/books/hsg283.htm>

Essential Contacts



Public Health

T: 0344 225 4524
Email: phe.crc.eastmidlands@nhs.net

Infection Prevention & Control

County
Email: MACCG.IPC@nhs.net
City
Email: ncp.ipct@nhs.net

Testing/swabbing Team

T: 0300 300 3000
Email: nnccg.Covid19-testingcell@nhs.net

Enhanced Care Response Team (ECRT)

Click link below
sfh-tr.ecrt-midnotts-icp@nhs.net

Nottingham City Website - Ask Lion

Click link below
www.asklion.co.uk/providercornercovid-19

Care Forum 'We are all in this together'

Click link below
<https://us02web.zoom.us/j/84451234567>

Local Authority Quality and Market Management Teams

County - Email: qmm@nottssc.gov.uk
City - Email: CV19@nottinghamcity.gov.uk

CCG

Quality Assurance
Email: nnestccg.southnottspatientsafety@nhs.net

Quality Improvement (EHCH)
Email: d.nussey@nhs.net

Recognising and Responding to Deterioration

Email: empscdet@nottingham.ac.uk
Email: michele.tuttle1@nhs.net

Medications Management Team

<https://www.nottsapc.nhs.uk/covid-19/>
Email: taniacook@nhs.net
Email: lisa.ryley@nhs.net
Email: MACCG.NottsAPC@nhs.net

Notts Help Yourself

Click link below
<https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/document.page?id=lgc3gkzdlkc>

WhatsApp Group Covid-19 Care Group

<https://webapp.mobileappcode.org/m/COVID19CARE/?appcode=COVID19CARE>

Grief Line

0800 111 445

Enhanced Health in Care Homes

email
Victoria.Place2@nhs.net

Gov.uk

Click link below

<https://www.gov.uk/coronavirus>

Notts Alliance Training Hub/Workforce support

alliance.hub1@nhs.net

Click link below
<https://www.nottstraininghub.nhs.uk/>

Notts EOL web site

Click link below
<https://nottinghamshire.eolcare.uk/>

Nottingham & Nottinghamshire System Support pathways

City Care Homes Team

City care (city care homes only) can be contacted;
Monday – Friday 8am-6pm - 0115 8834863
Weekend and Bank Holidays - 8am-6pm – 07827823465
Between 6pm and 8am everyday – Evening and night service 0115 8838151 or 0115 8838152

Call for Care

Call for Care Tel: 01623 781899 (Mid Notts)
Option 1 - Admission avoidance (2 hour response)
Option 2 - End of Life and Palliative Care
Option 3 - Planned Care (non-urgent referrals for all general health services)
Call for Care Tel: 0300 0830 100 (South Notts)
Option 1

NHS 111 - 9 * 6

- Offers care home and home care staff a direct line to a clinician who will be able to discuss any concerns you have for an individual in your care.
- The 9 *6 option bypasses the call handler algorithm to enable a less formal conversation.
- It is very helpful to NHS 111 9* 6 clinicians if you use SBARD to communicate the concern and have all basic information to hand such as the persons date of birth, address, postcode, medications etc.
- If you are concerned about an individual you can contact NHS111 9 *6.



Nottinghamshire Health Care Trust A-Z of services

Click link below

<https://www.nottinghamshirehealthcare.nhs.uk/a-z-of-services>

Nottingham City Care A-Z of services

Click link below

<https://www.nottinghamcitycare.nhs.uk/find-a-service/>

This toolkit has been created to be used as an aide memoire/quick reference guide for care home and home care staff managing Covid-19.

This guidance is not mandatory – its purpose is to support staff to deliver high quality care for individuals by bringing together best practice guidance and references to key documents to support practice all in one place.

This guide has been co-developed by Nottingham and Nottinghamshire Integrated Care System with contributions from;

Nottingham and Nottinghamshire CCGs

Nottinghamshire HealthCare Trust

Nottingham City Care

Nottinghamshire EOL Stakeholder Board

Nottinghamshire GPs

Nottingham University Hospitals

Nottingham City Council

Nottingham County Council

Sherwood Forest Hospitals

ICS Clinical Leads

Care home and Home care providers

Nottingham City and County LA Public Health Colleagues

This guidance was produced in response to the Covid-19 Pandemic. In this fast paced, continuously developing and changing situation, it is expected that best practice guidance will be updated frequently.

A good practice tip would be to keep an electronic file with this guidance and all the latest attachments for each of the focus areas available to staff to use as a reference guide to support Covid-19 EOL care and management.

This is a working document and further updates and co-design with sector experts will be made as required.

Quality Control

The information provided within the toolkit will be reviewed and updated daily during the Covid-19 pandemic.

Information from reputable sources will include (but not limited to); Gov.uk. Patient Safety Collaborative/Academic Health Science networks. UK Resuscitation Council. Nottinghamshire Area Prescribing Committee. Public Health England and Local IPC teams. NHSE/I. ADASS. CQC. Local Authorities and TeamNet

The latest version will be shared as a minimum, weekly and will be version controlled with the latest date e.g V.280420.

The content may change to reflect the fluid position of today and the future.

Points of clarification/additional information queries should be directed to Nottingham & Nottinghamshire CCG - nnestccg.southnottspatientsafety@nhs.net



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